

# MTRS Enrollment Form

Please complete this form and MAIL it to:  
MTRS Employer Services, One Charles Park, Cambridge, MA 02142-1206.  
If you have any questions, please call 617-679-6895. Thank you!

## PERSONAL DATA

Part  
**1**

Social Security number	Date of birth <i>mm/dd/yyyy</i>
Name <i>(First Middle Last)</i>	Former/maiden name, if any
Home address	
Phone number	E-mail
Are you a veteran of the military? <input type="checkbox"/> No <input type="checkbox"/> Yes	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
General information <i>(for actuarial purposes only)</i>	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Single/Divorced <input type="checkbox"/> Married; spouse's date of birth <i>mm/dd/yyyy</i>	Number of dependent children <i>(under the age of 18, or 22 if a full-time student in an accredited educational institution)</i> _____

## EMPLOYMENT DATA

Part  
**2**

School district	Start date <i>mm/dd/yyyy</i>
Position title	Are you employed in more than one district? <input type="checkbox"/> No <input type="checkbox"/> Yes
Teaching certification status <i>(check one)</i>	<input type="checkbox"/> I am certified; my certificate was issued on _____ by _____
<input type="checkbox"/> My certification is pending	<input type="checkbox"/> MA Dept. of Elementary and Secondary Education
<input type="checkbox"/> I have an ESE waiver	<input type="checkbox"/> Board of Allied Health Professionals
<input type="checkbox"/> I am not certified	<input type="checkbox"/> Other _____
	Certificate number _____

## HISTORY WITH MASSACHUSETTS TEACHERS' RETIREMENT SYSTEM

Part  
**3**

Before enrolling as a member now, were you ever employed as a teacher or administrator in any Massachusetts public school that required you to be a member of the MTRS? ☐ No *(skip to Part 4)* ☐ Yes *(complete Part 3)*  
Your answer is "yes" if: you are a current MTRS member who is changing employers (moving from one school district to another; or, you are a former member of the MTRS and are now returning to active service as a teacher or administrator.  
Your answer is "no" if: you have never been employed by a Massachusetts public school as a teacher or administrator; or, you were employed with the City of Boston public schools, excluding non-Horace Mann charter schools (in this case, you would have been a member of the Boston Retirement System, and you should enter that service in Part 4); or, you worked either as a substitute or on a less than half-time basis.

Name of school district <i>(e.g., Cambridge Public Schools)</i>	Position or title <i>(e.g., Teacher)</i>	Approximate dates of service		Account status <i>(check one)</i>				
		From <i>mm/dd/yyyy</i>	To <i>mm/dd/yyyy</i>	Did not contribute	Withdrew or rolled over funds	Transferred funds to a MA cont. ret.sys.	Left funds on acct	Am now receiving pension

## HISTORY WITH OTHER MASSACHUSETTS RETIREMENT SYSTEMS

Part  
**4**

Were you ever employed by a city, state, county or regional government unit in Massachusetts that required you to be a member of a Massachusetts public retirement system **OTHER** than the MTRS? ☐ No *(skip to Part 5)* ☐ Yes *(complete Part 4)*  
If you were ever employed by a public school in the **City of Boston**, excluding non-Horace Mann charter schools, you would have been a member of the Boston Retirement System, not the MTRS. In this case, your answer would be "yes."

Name of other MA contributory retirement system <i>(e.g., Cambridge Ret System)</i>	Department employed by <i>(e.g., Parks Dept.)</i>	Position or title <i>(e.g., Lifeguard)</i>	Approximate dates of service		Account status <i>(check one)</i>				
			From <i>mm/dd/yyyy</i>	To <i>mm/dd/yyyy</i>	Did not contribute	Withdrew or rolled over funds	Transferred funds to a MA cont. ret.sys.	Left funds on acct	Am now receiving pension

## EMPLOYEE STATEMENT AND SIGNATURE

Part  
**5**

I hereby certify that the information provided in this form is true, complete and correct to the best of my knowledge. Upon review and approval of my enrollment in the MTRS, I hereby accept membership in the Massachusetts Teachers' Retirement System.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# MTRS Enrollment Process Checklist

Please take these remaining four steps to complete the enrollment process:

- ☐ 1) **MAKE** a copy of your completed form and keep it for your records.
- ☐ 2) **MAIL** the original to: MTRS Employer Services  
One Charles Park  
Cambridge, MA 02142-1206
- ☐ 3) If necessary, **DOWNLOAD, COMPLETE and MAIL** to the MTRS a Beneficiary Designation Form. You need to complete this form if:
  - you have **not yet named** a beneficiary, or
  - you now wish to **change** your beneficiary.To download a Beneficiary Designation Form, go to:  
[www.mass.gov/mtrs/docs/active/f020bda.pdf](http://www.mass.gov/mtrs/docs/active/f020bda.pdf) (pdf; 2 pages).  
For more information on benefits provided to your survivors, please see:  
[www.mass.gov/mtrs/survivorbenefits](http://www.mass.gov/mtrs/survivorbenefits).
- ☐ 4) **OBTAIN** Social Security's Form 1945 from your employer. As a new hire to an employer participating in a Massachusetts contributory retirement system, you are to receive this form, which explains how your public pension may be affected by any Social Security benefits you may receive in retirement. **Please be sure to obtain this form from your employer, and then read, sign and return it to your employer.** It is your employer's responsibility to mail or fax a copy of this form to our Cambridge office.

For information about the MTRS retirement plan, your benefits and our services, please visit our website at [mass.gov/mtrs](http://mass.gov/mtrs) or contact us. Best wishes for a rewarding academic year!

## For your reference: MTRS contribution rates

If membership in the MTRS is required, your employer will deduct the mandated percentage from your regular compensation and forward your contributions to the MTRS for deposit in your annuity savings account, pursuant to M.G.L. c. 32.

If the date on which you became a member of a MA contributory retirement system, and from which you continuously maintained funds on account is...	Your contribution rate is...
Before January 1, 1975	5%
January 1, 1975 through December 31, 1978	7%
January 1, 1979 through December 31, 1983	7% + 2% on earnings over \$30,000
January 1, 1984 through June 30, 1986	8% + 2% on earnings over \$30,000
July 1, 1986 through June 30, 2001	9% + 2% on earnings over \$30,000
All members who started in a MA contributory retirement system OTHER than the MTRS after July 1, 2001, and who have either opted not to participate in RetirementPlus or who failed to make a RetirementPlus election by their deadline	9% + 2% on earnings over \$30,000
All RetirementPlus participants, including those who are mandated to participate because they started service with the MTRS on or after July 1, 2001 and did not transfer into the MTRS from another MA contributory retirement system	11%